

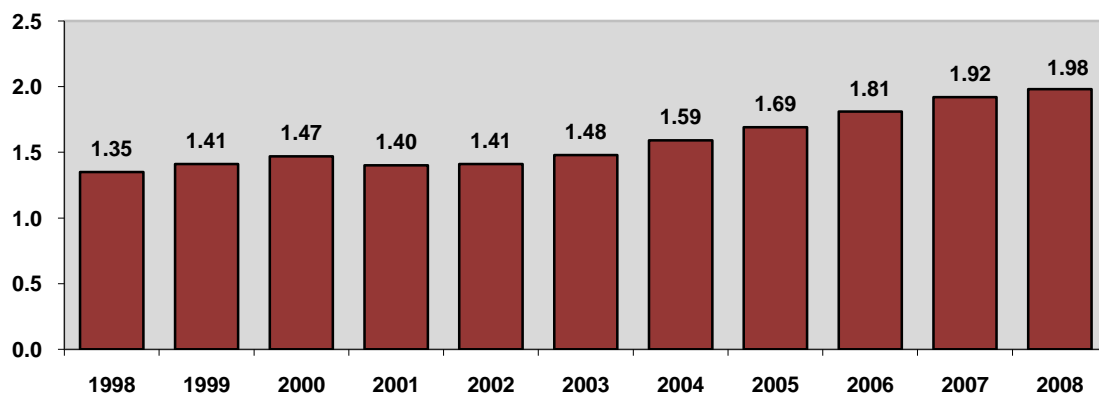
# DRUG USE PROFILE

## Iowa's Adult Population Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the “Behavioral Risk Factor Surveillance System” compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

**Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1998 – 2008**



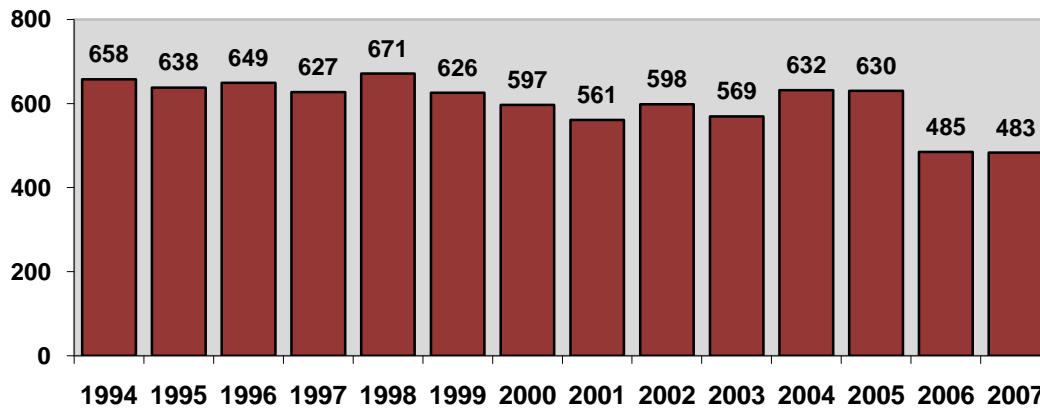
Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans.

Figure 1 indicates that since 1998 alcohol consumption has steadily increased reaching its current high of 1.98 gallons per capita in FY 2008. This amount equates to the combined consumption of 2½ full-sized kegs of beer, 8½ bottles of wine and 253 one ounce shots of liquor for every adult in the state in a one year period.

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

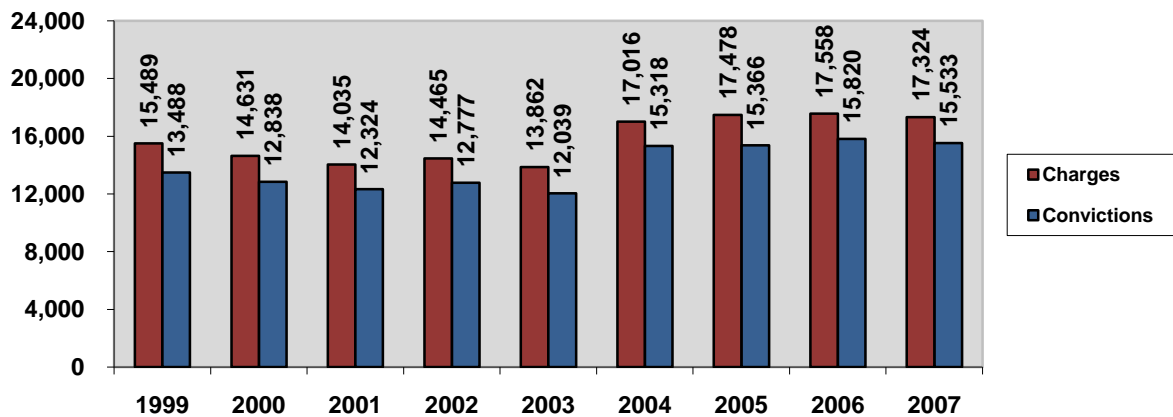
**Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2007**



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2007, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. Although the OWI arrest rate remained consistently high for 12 years, the past two years have seen nearly a 25% reduction. See Figure 2.

**Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2007**

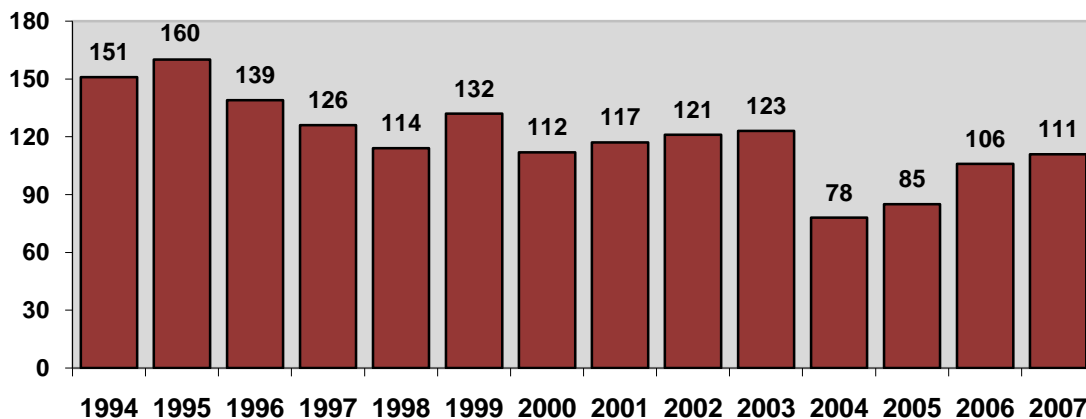


Source: Division of Criminal and Juvenile Justice Planning

*\*Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2007, OWI represented 20% of the charges disposed and 29% of the overall convictions for serious misdemeanors and above. There has been little change in these figures when compared to a large drop in the arrest rate. See Figure 3.

**Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2007**

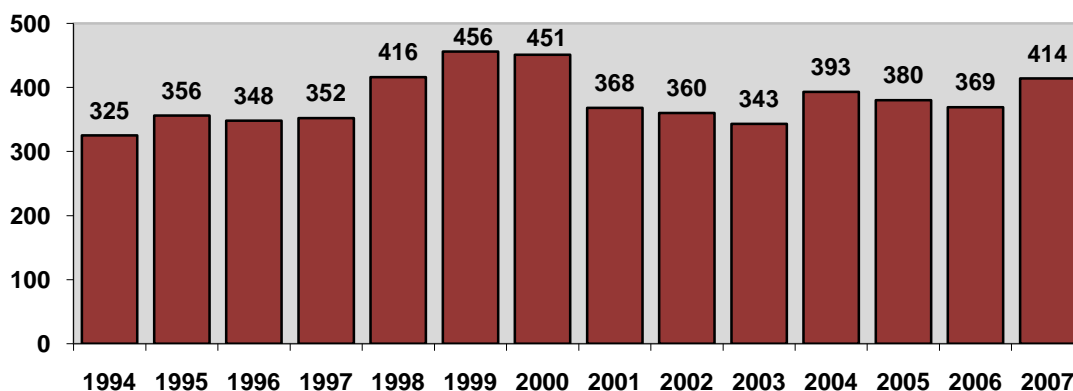


Source: Iowa Department of Transportation

In 2004, the DOT reported the fewest alcohol related fatalities in an eleven-year reporting period. However, alcohol/impaired driving related motor vehicle fatalities over the past four years, reported by the Iowa Department of Transportation, are on the rise again. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals an upward trend from 1994 – 1999, reaching a fourteen-year high of 456 per 100,000 population in 1999. Data for 2007 indicates the second highest rate for this reporting period. See Figure 5.

**Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2007**



Source: Iowa Department of Public Safety

The Iowa Department of Public Health requires all licensed substance abuse treatment providers report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

**Figure 6a - Primary Substance of Abuse for Clients  
Screened/Admitted to Substance Abuse Treatment SFY 2008**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,850 (40.4%)	25,751 (64.4%)	61.9%
Marijuana	2,530 (55.2%)	7,623 (19.1%)	22.8%
Methamphetamine	54 (1.2%)	3,309 (8.3%)	7.5%
Cocaine/Crack	38 (0.8%)	1,973 (4.9%)	4.5%
Other/Unknown	112 (2.4%)	1,351 (3.4%)	3.3%
Total			100 %

Source: Iowa Department of Public Health

**Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients  
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2008**

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	.4%	2.9%	44,528

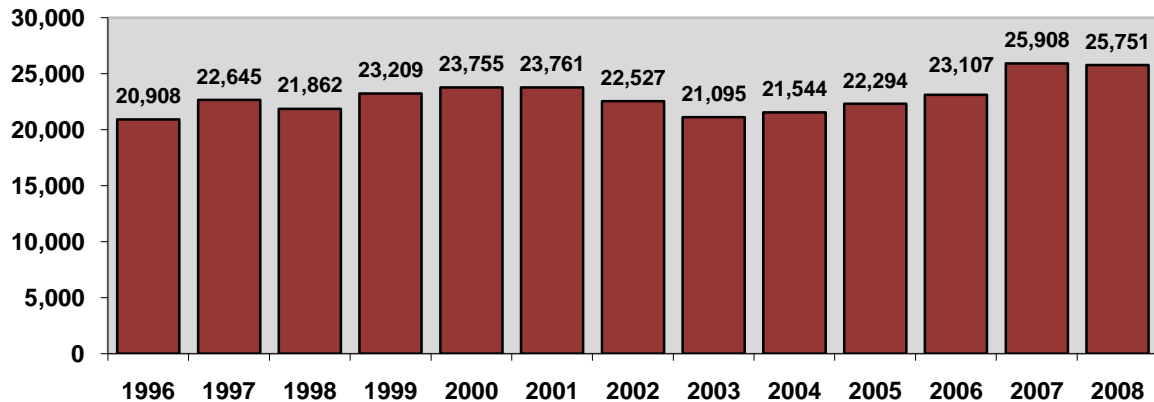
\*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health

According to the Department of Public Health's substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. Public Health reported 44,528 clients screened/admitted in FY 2008, nearly double the number 16 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2007 was 46.3 %, the employment rate was 41.2% and 84.3% of treatment clients were arrest free during this time period.

**Figure 7 – The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2008**

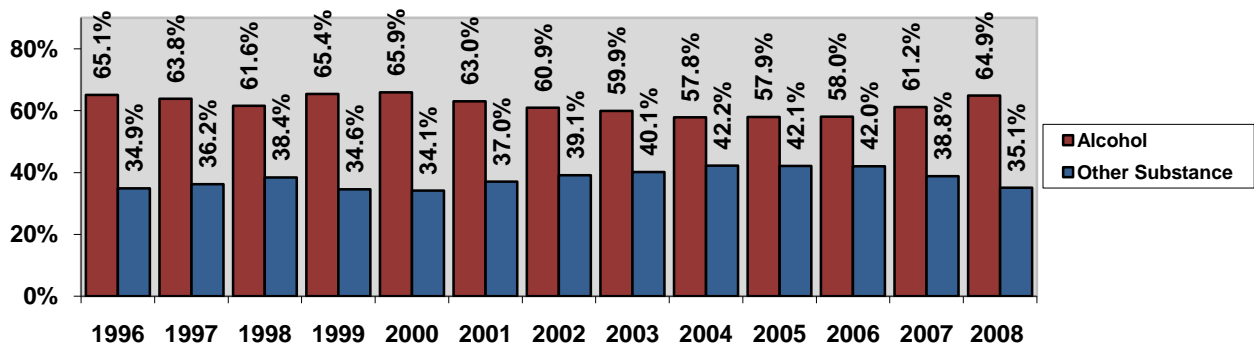


Source: Iowa Department of Public Health

SARS data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 22% from 2003 to 2008. More people were screened/admitted for alcohol in 2007 than any other year and more than alcohol and drugs combined in 1992. See Figures 6b and 7.

As a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine in the late 1990s. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased at a faster pace than illicit drugs. In 2008, the percentage of alcohol admissions reached its highest peak since 2000. See Figure 8.

**Figure 8 – Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008**



Source: Iowa Department of Public Health

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses.

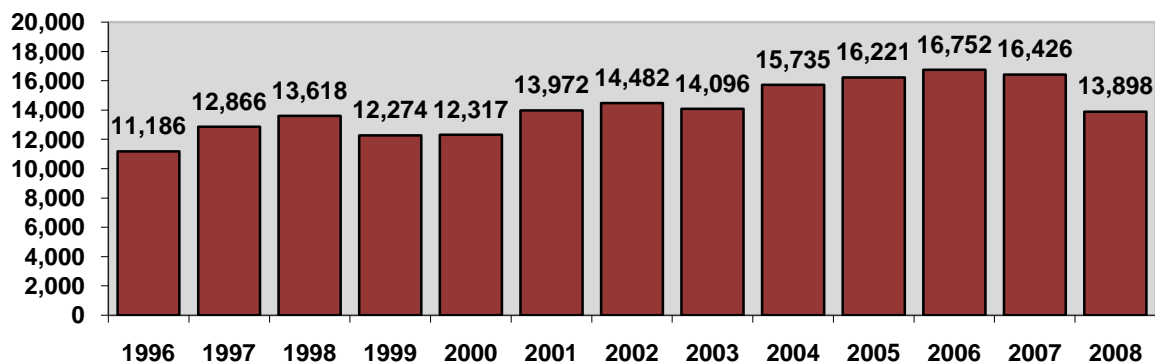
Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing more than a quarter of the convictions for indictable misdemeanors and felonies.

### **Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa**

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. The Substance Abuse Reporting System (SARS) data indicate the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number has decreased for the past two years. That trend is displayed in Figure 9.

As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. Alcohol related admissions in each of the past three years have increased at a rate greater than other substances. See Figure 8.

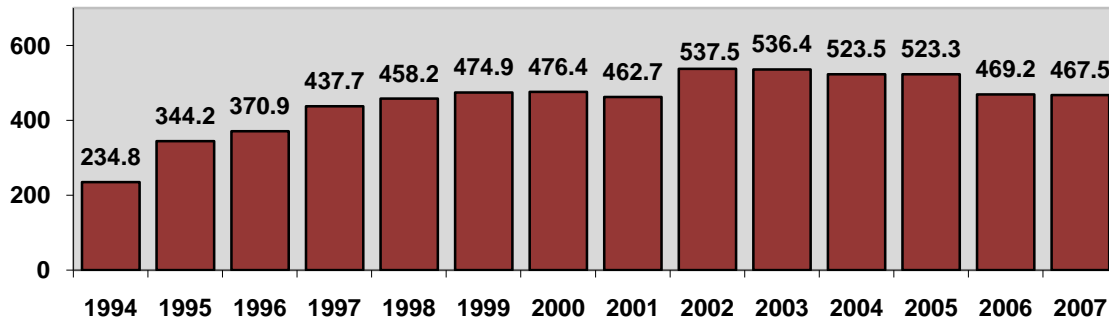
**Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2008**



Source: Iowa Department of Public Health

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past five years, the arrest rate for drug offenses remains approximately double the rate reported by DPS in 1994. See Figure 10.

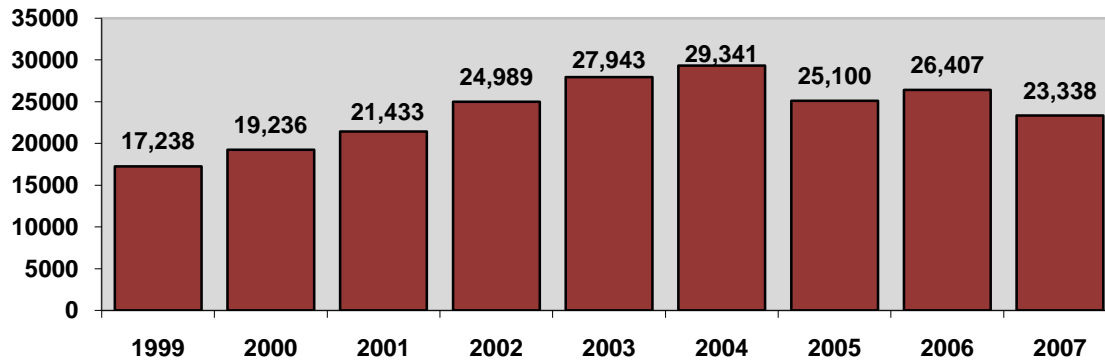
**Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2007**



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

**Figure 11 –Drug Charges Disposed, CY 1999 – 2007**

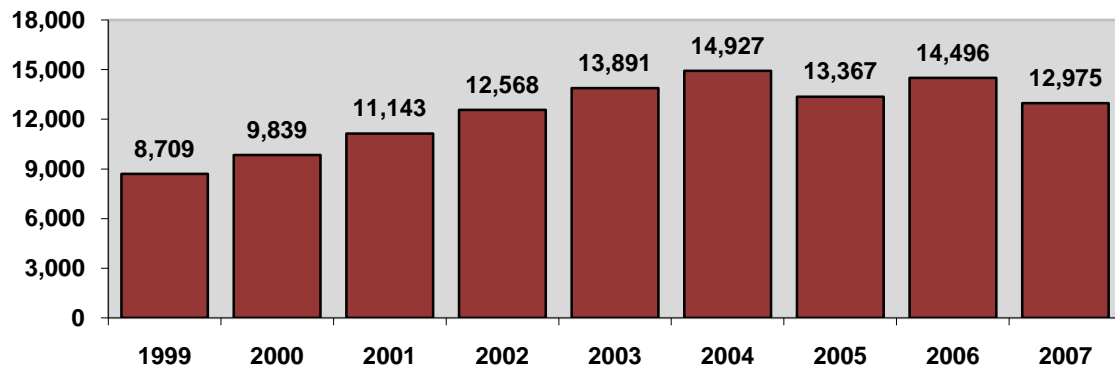


Source: Criminal and Juvenile Justice Planning

*\*Charges and convictions included in Figures 11 and 12 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays an 11.6% decrease from 2006 to 2007 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions also decreased (10.5%). See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 26.6% of the charges and 24.1% of the convictions for indictable misdemeanors/felonies in CY 2007.

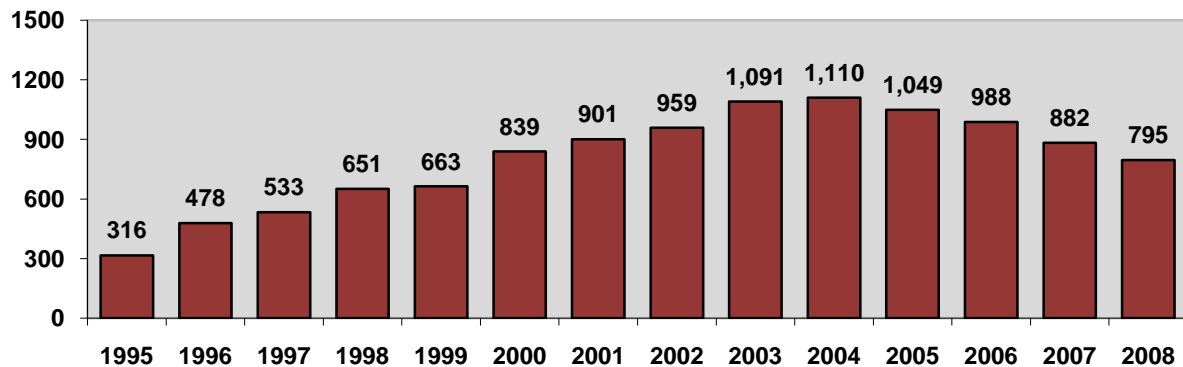
**Figure 12 –Drug Convictions, CY 1999 – 2007**



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which has been driven by a decline in meth lab incidents. Detail on drug-related prison admissions by drug type is available beginning with SFY 2005 and is discussed later in this section.

**Figure 13 – Drug-Related Prison Admissions, FY 1995 – 2008**



Source: Criminal and Juvenile Justice Planning

It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

The data in figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2008, the Department of Corrections provided substance abuse treatment to only 58.9% of the addicted custodial inmates and 48.4% of the addicted offenders in community corrections. See Figure 14.



**Figure 14 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2008**

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
<u><b>Institutions</b></u>						
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%
<u><b>Community Corrections</b></u>						
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%

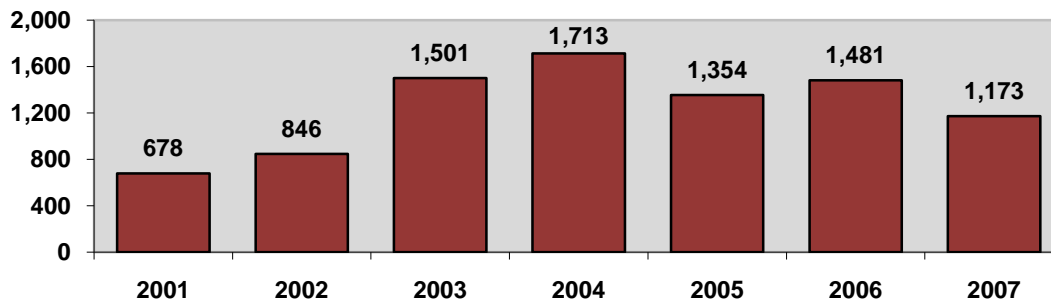
Source: Iowa Department of Corrections

*\*Beginning in FY 2006 changes were made to the Department of Corrections' data collection and evaluation capabilities. As a result, data prior to that fiscal year may not be compatible with data in FY 2006 and beyond.*

Breaking the cycle of addiction has a positive effect on the recidivism rate of offenders. In a project administered by the Iowa Department of Public Health, the Polk, Woodbury, Story, and Scott county jails provide substance abuse treatment to jail inmates. Twelve months following their admission to treatment, 84.4% of those involved reported no further arrests, and 57.6% were employed full time.

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

**Figure 15 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2007**



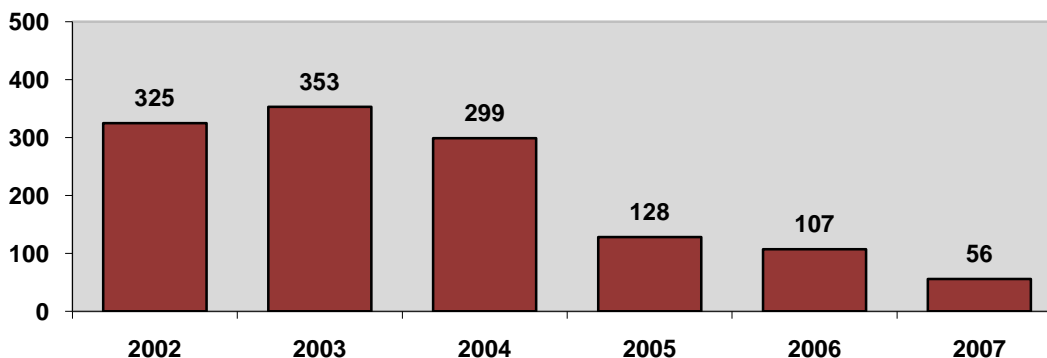
Source: Department of Human Services

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

The number of confirmed or child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. For the years since, the number of reported cases has varied, but remains below the record high reported in 2004.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs decreased in each of the past four years. The figure reported by the Department of Human Services for 2007 represents an 84% decrease since 2003. This number, like other meth statistics, is being driven down by the reduction in meth labs across the State. See Figure 16.

**Figure 16 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2007**



Source: Department of Human Services

*\*Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

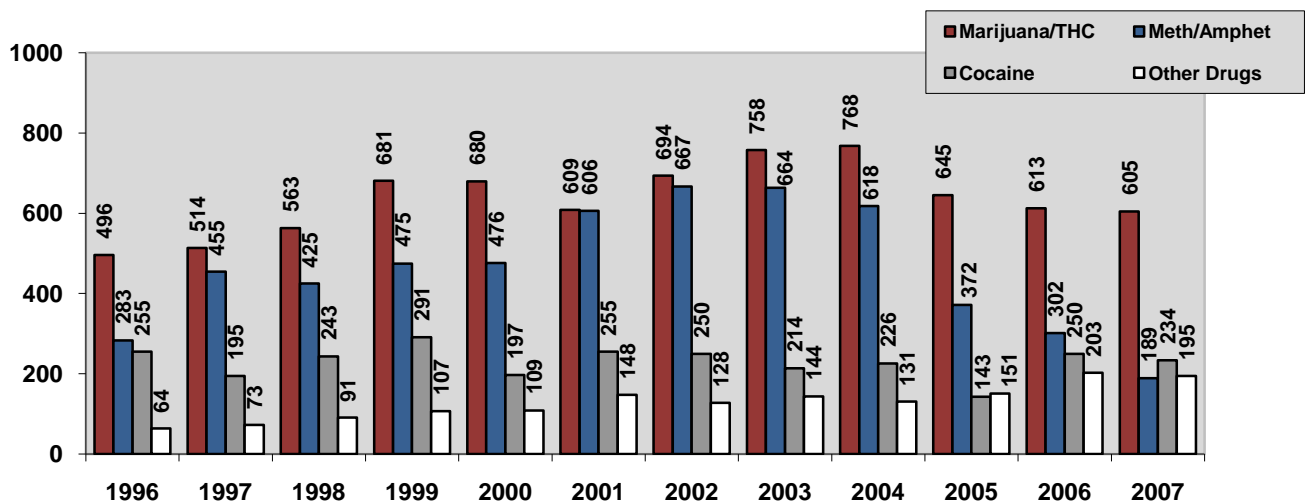
## Drug Specific Indicators Data

### Marijuana

Data indicate that marijuana is the most prevalent illegal drug and the second most used/abused substance by adults in Iowa, after alcohol. It also appears as though marijuana has held this distinction for quite some time.

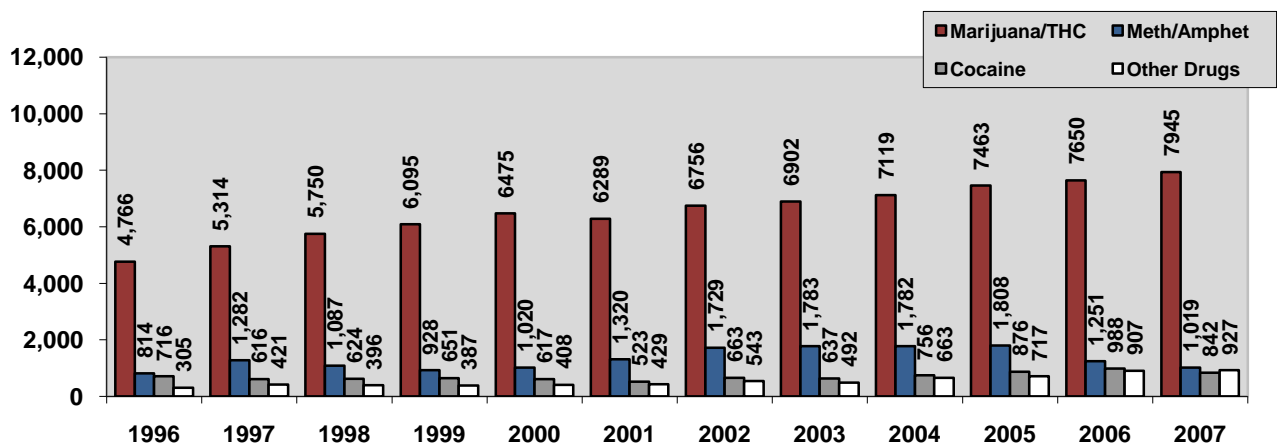
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

**Figure 17 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2007**



Source: Iowa Department of Public Safety

**Figure 18 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 -2007**



Source: Iowa Department of Public Safety

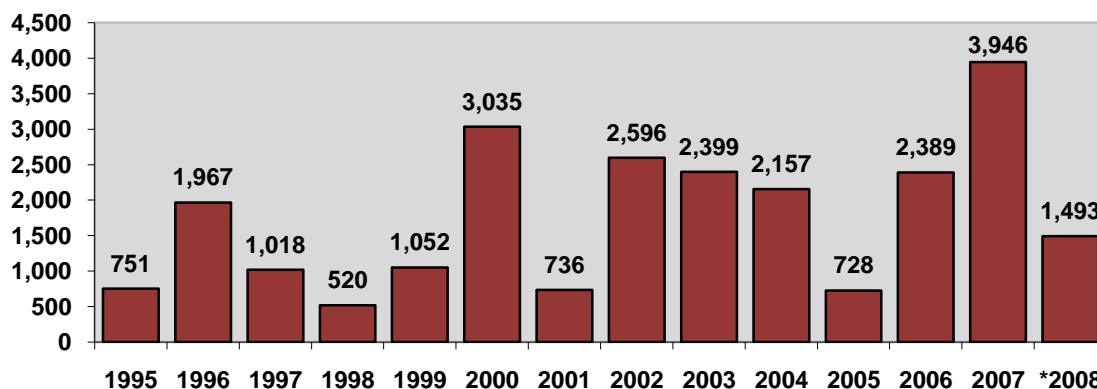
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2007, more than 49% of reported arrests for offenses of manufacture/distribution of drugs where the drug type was known involved marijuana. Further 74% of reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it is currently seeing is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the psychoactive chemical in marijuana. This represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. There has been a decline in marijuana manufacturing/distribution offenses since a peak in 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2007. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

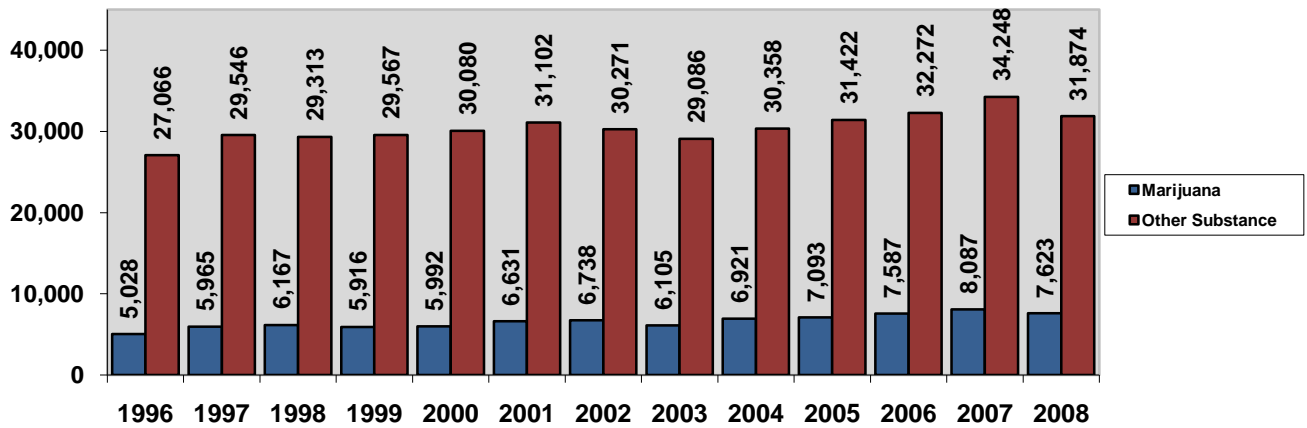
**Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – \*2007**



*\*Calendar year 2008 through September 30*  
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2008. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana is an addictive drug.

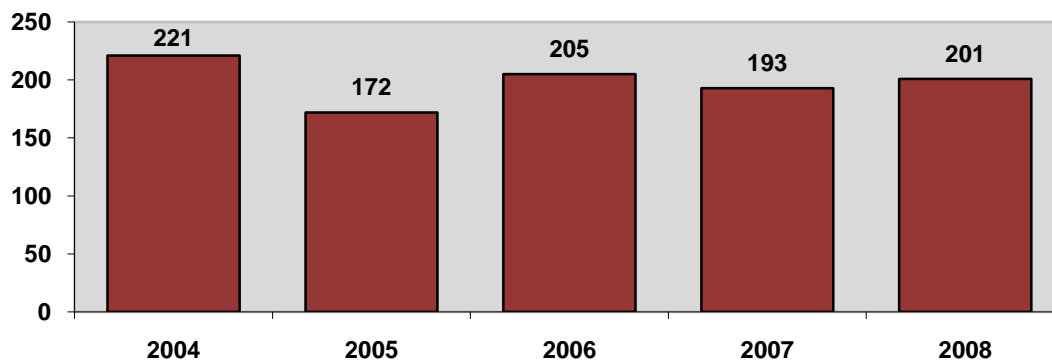
**Figure 20– Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2008**



Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2008, the Department of Public Health reported an increase of 51.6% in the number of clients screened/admitted with marijuana as their primary drug of choice.

**Figure 21 – Marijuana-Related Prison Admissions SFY 2004 - 2008**



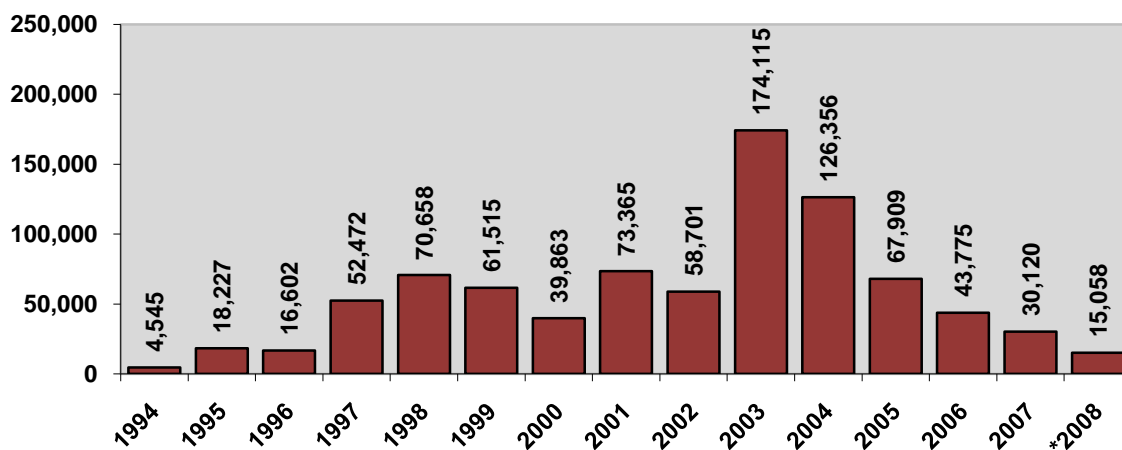
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions remained fairly steady and have represented between 16% and 25% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

## Amphetamine/Methamphetamine

In recent years, much information has been disseminated, and many concerns expressed, about the use of amphetamine/methamphetamine, among Iowa's drug abusing population.

**Figure 22 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – \*2008**



*\*Calendar year 2008 through September 30*

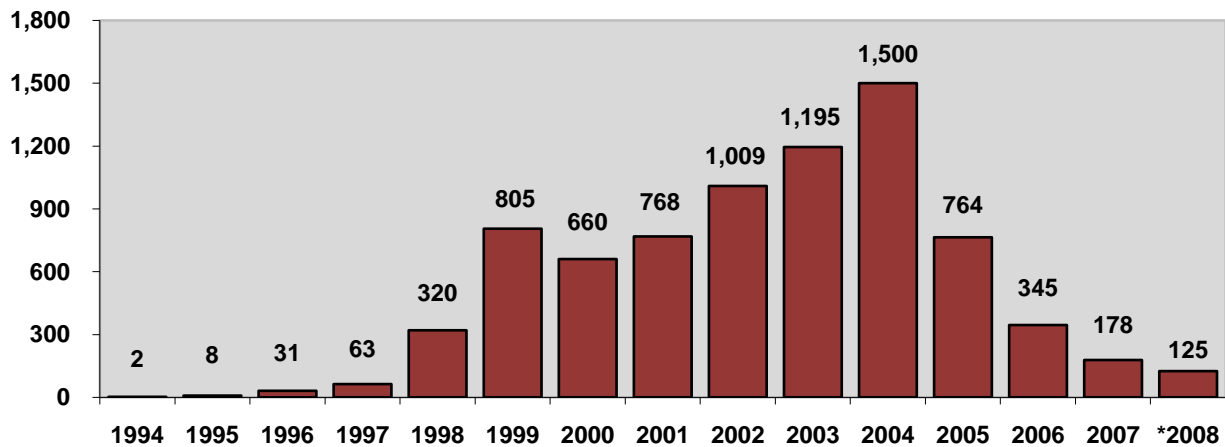
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine have decreased every year.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In 2008, (through September 30, 2008) law enforcement in Iowa reported a 91.6% reduction in clandestine labs when compared to calendar year 2004.

**Figure 23 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – \*2008**



*\*Calendar year 2008 through September 30*

Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Concerns are growing over recent information which suggests an increase in the importation of crystal methamphetamine into Iowa. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

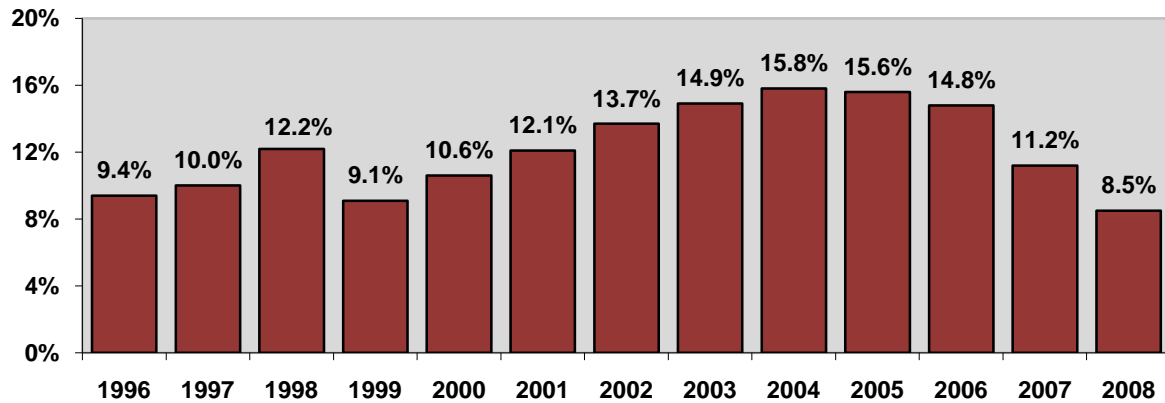
**Figure 24 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – 2007**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88	\$120	\$127
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%	40%	41%

Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures which are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and there are anomalies.

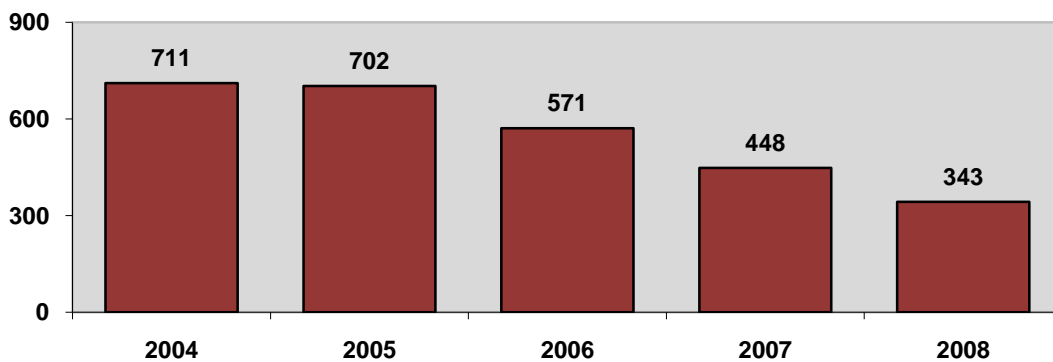
**Figure 25 – Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2008**



Source: Iowa Department of Public Health

Prior to the emergence of what has been referred to as Iowa's methamphetamine epidemic in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the Iowa Department of Public Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine has diminished in each of the past four years to reach its lowest point (8.5%) since the meth epidemic began. See Figure 25.

**Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2008**

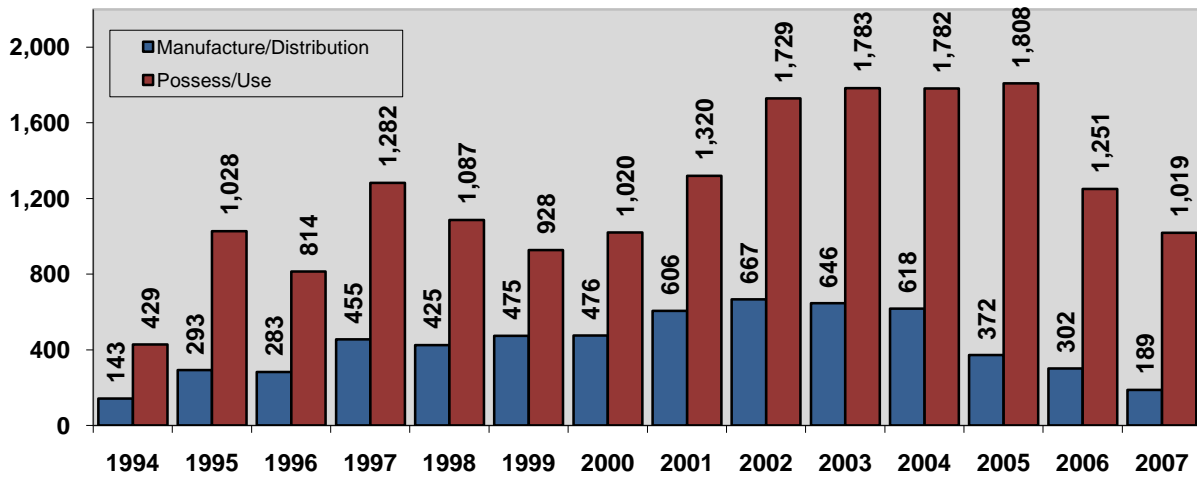


Source: Criminal and Juvenile Justice Planning

For the period of time for which the drug type is known, methamphetamine-related prison admissions have decreased 51.8%. This reduction in methamphetamine admissions has driven the overall decrease in drug-related prison admissions reported in recent years. See Figures 26 and 13.



**Figure 27 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2007**



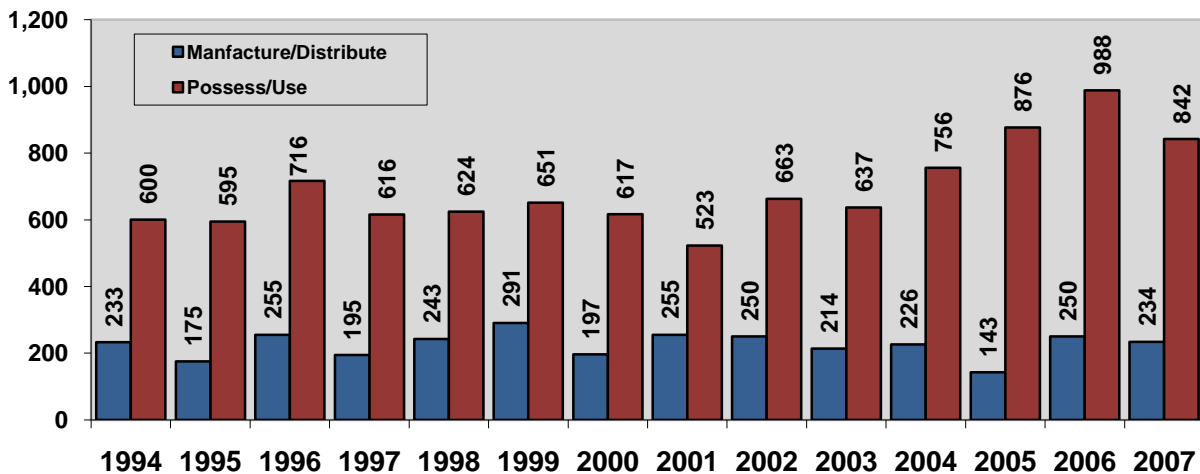
Source: Iowa Department of Public Safety

The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly (43.6% and 49.2% respectively). See Figure 27.

### Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

**Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2007**

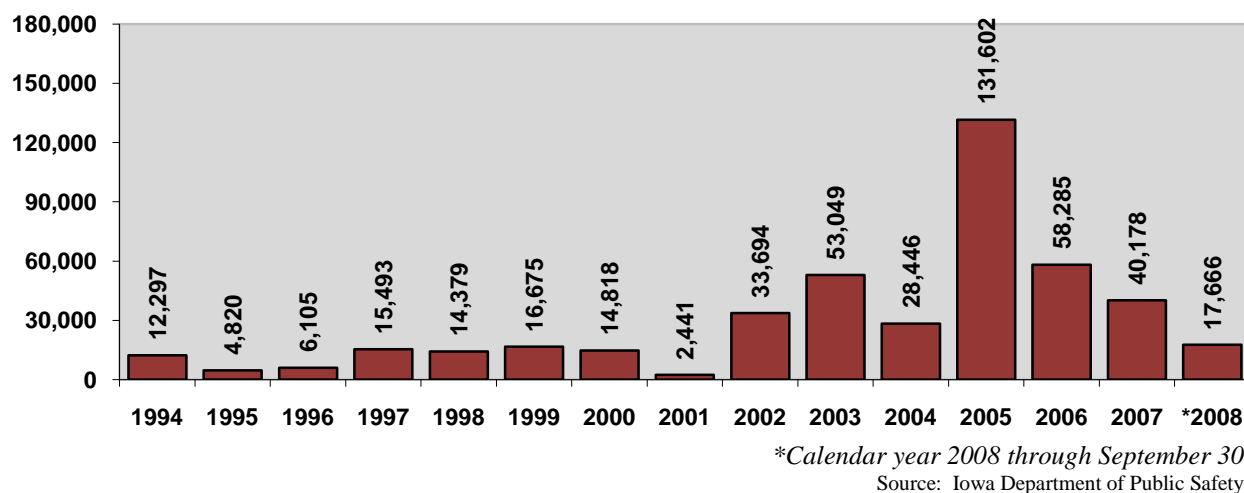


Source: Iowa Department of Public Safety

Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 population. However, that number has since increased. There were more manufacturing/distribution arrests for cocaine than for meth in 2007. Cocaine possession/use offenses were at a fourteen year high in 2006.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have declined for the past three years. See figure 29.

**Figure 29 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – \*2008**



As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

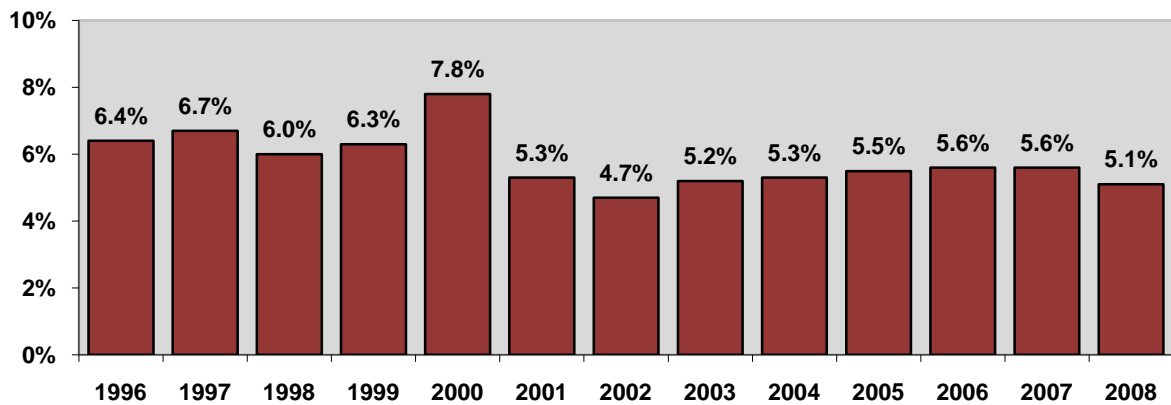
**Figure 30 – Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2007**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110	\$110	\$93
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	N/A	N/A	N/A

Source: Iowa Department of Public Safety

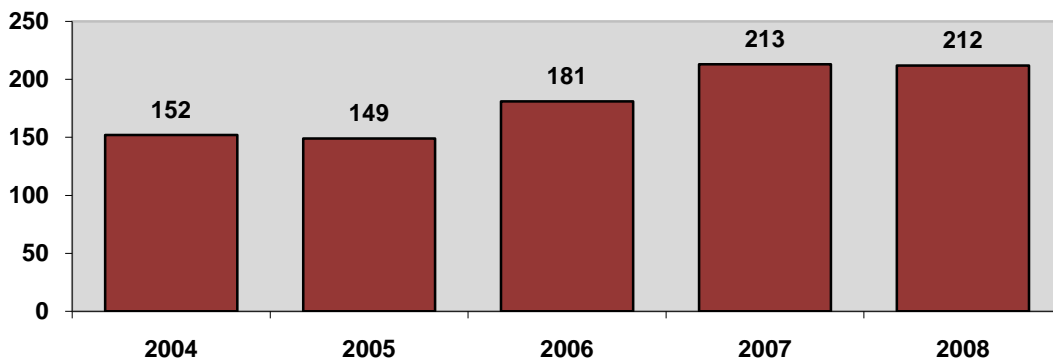
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has remained steady over the past 8 years.

**Figure 31 – Percentage of *Adults* Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2008**



Source: Iowa Department of Public Health

**Figure 32 – Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 - 2008**



Source:  
Criminal and Juvenile Justice Planning

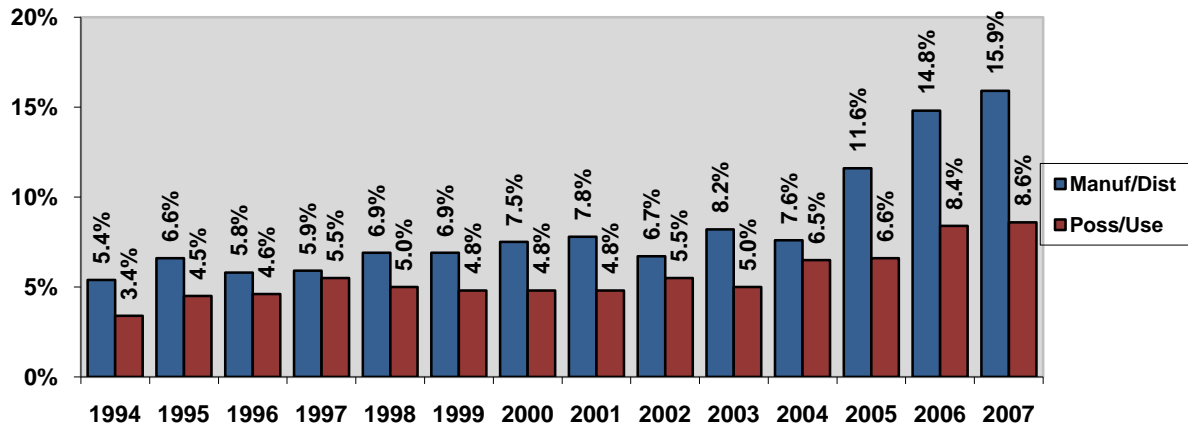
Cocaine-related admissions to prison represented the second highest admissions to prison by drug type in SFY 2008. In the short period of time for which data is available, cocaine related admissions have increased 39.5%, although they remain significantly below methamphetamine admissions. See figures 32 and 26.

Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

### **Other Illicit Drugs**

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the levels of prevalence of these other drugs and substances as the drug of choice among the substance abusing population are relatively low. See Figures 33 & 34.

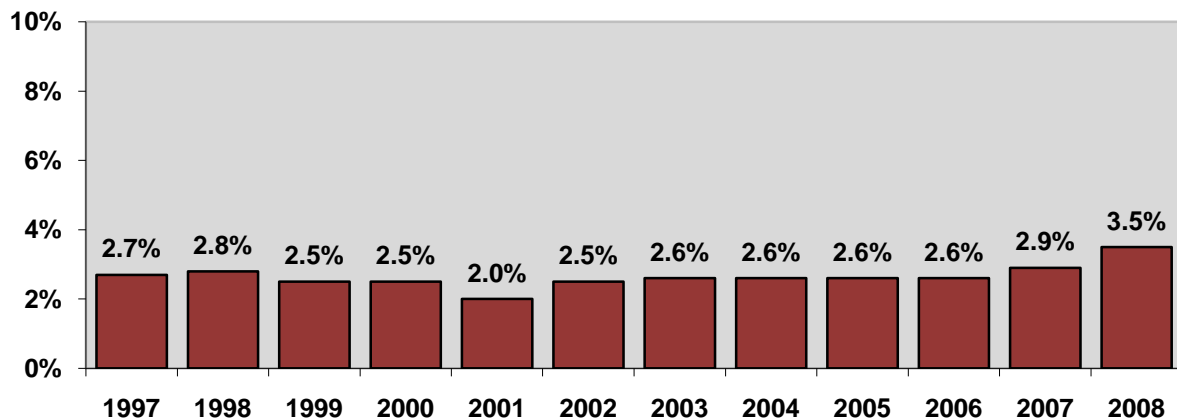
**Figure 33 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2007**



Source: Iowa Department of Public Safety

During the thirteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

**Figure 34 – Percentage of *Adult* Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2008**



Source: Iowa Department of Public Health

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable. However, it has risen the past two years, indicating a rise in the use of other drugs of abuse.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 95% of adults screened/admitted for treatment.

So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

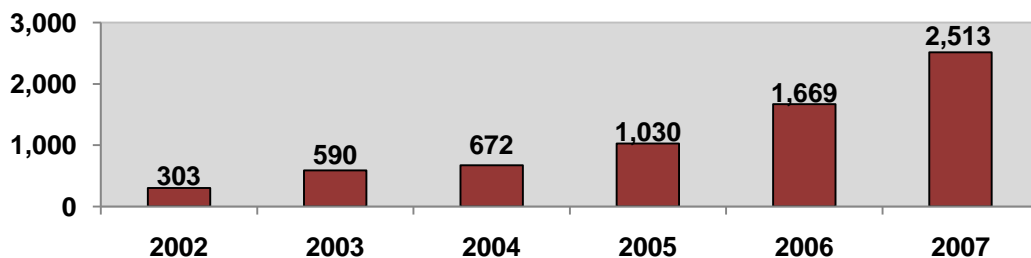
### **Prescription and Over the Counter Medications**

The abuse of prescription drugs is an emerging problem across the United States and in Iowa. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement, the number of pharmaceutical cases opened in CY 2008, as of 10-10-08, is already 79% higher than the number of cases opened in CY 2007. The number of units of pharmaceuticals seized by DNE, as of 10-10-08, has increased 348% from the total seized in CY 2007. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. See Figure 35.

**Figure 35 – Pain Reliever Drug ID Calls from Iowans (Iowa SPCC-CYs)**

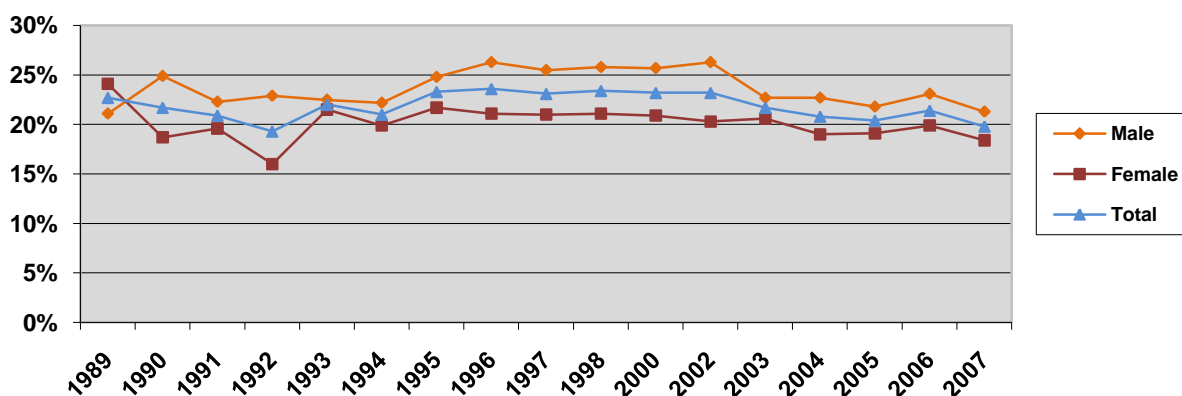


## Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

**Figure 36 – Percentage of Current Male, Female & Total Smokers, CY 1989 - 2007**



Source: Centers for Disease Control

Between 1995 and 2006, the percent of Iowans who smoked tobacco ranged from 23.6% to 20.4%. Following three years of decline, the smoking rate for adult Iowans increased slightly in 2006. However, in 2007 the total percentage of smokers in Iowa reached its lowest point in fifteen years. Part of this decline can be attributed to Iowa increasing the tax on tobacco in March 2007. Preliminary numbers indicated that Iowans had purchased 25% fewer packs of cigarettes as compared to the same time period the previous year. According to the Iowa Department of Revenue, during the first full year following the cigarette tax increase, the estimated sales of cigarettes decreased 35.95% (from 251,673,435 packs to 161,200,858 packs). Although the sale of cigarettes decreased by almost 36 percent during the first year following the tax rate increase, only about 19 percentage points of the decrease can be attributed to a decrease in the consumption of cigarettes by Iowans. The remaining 17 percentage points of the decrease is attributed to increased tax evasion resulting from Iowans going to surrounding states to purchase cigarettes or by making purchases on the Internet.

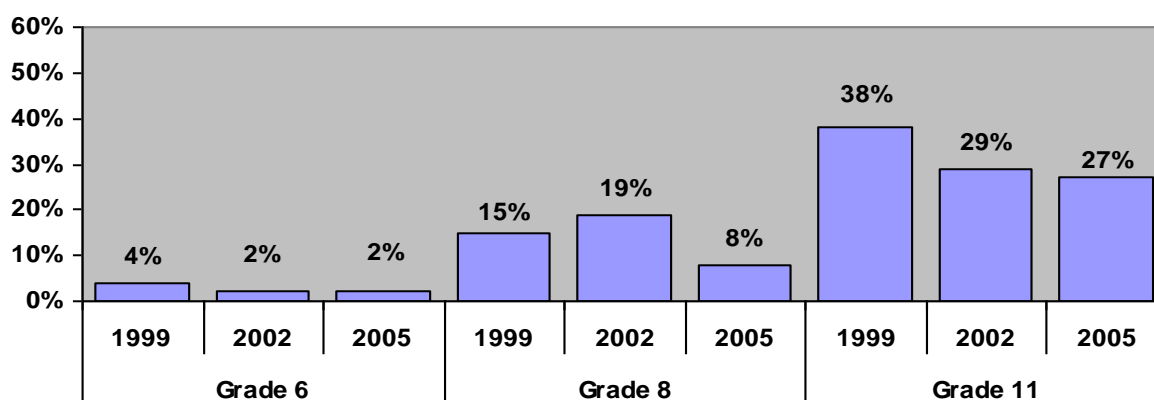
The Department of Public Health also reports a 25% increase in the number of calls to Quitline Iowa immediately after the tax increase. And in the third quarter of FY 2008, when Quitline Iowa started offering free nicotine replacement and Medicare added Chantix to its benefits, the number of calls skyrocketed. Quitline Iowa reports a total of 5,117 calls in FY 2007 and 23,243 calls in FY 2008. However, it is important to remember that most smokers attempt to quit “cold turkey” so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

## Iowa’s Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results expected in the spring of 2009. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999, a total of 85,426 students responded, and in 2002 that number increased to 96,971. In 2005, 98,246 students responded to the survey. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

### Tobacco

**Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999, 2002 and 2005**



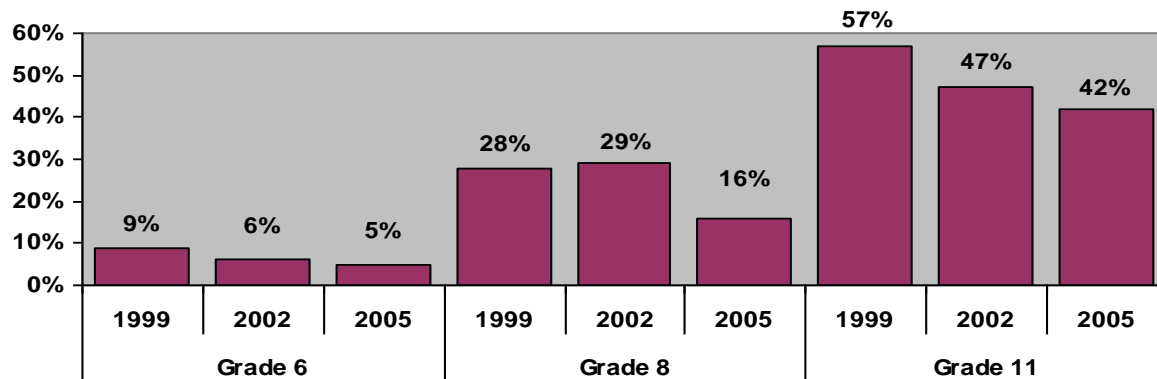
Source: Iowa Department of Public Health

In 1999, 2002, and 2005 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2005, 8% of 8<sup>th</sup> graders reported current tobacco use, a decline of 11% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped to 16% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11<sup>th</sup> grade,

over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005, with 42% of students in grade 11 reporting past use of tobacco.

**Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999, 2002 and 2005**

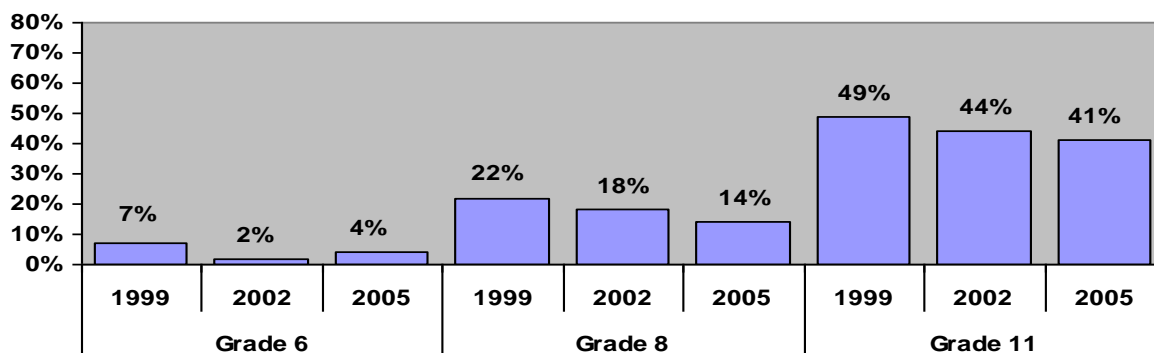


Source: Iowa Department of Public Health

## Alcohol

The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39, 40, and 41.

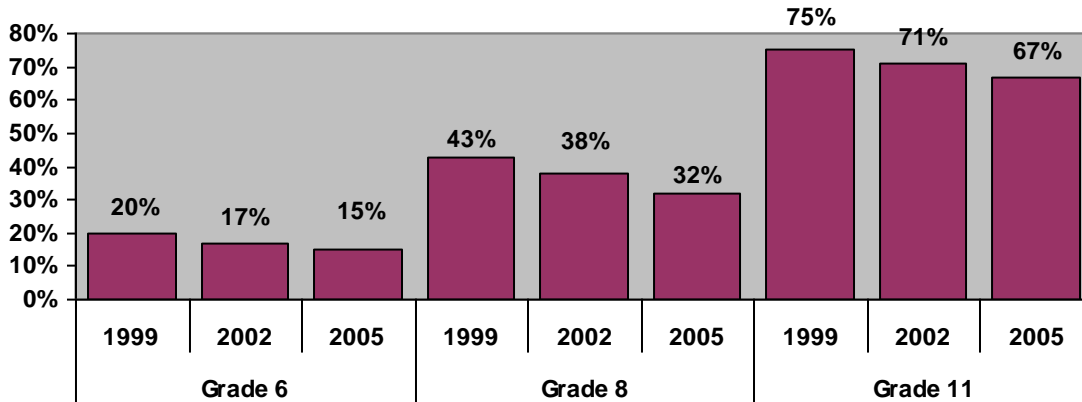
**Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999, 2002 and 2005**



Source: Iowa Department of Public Health



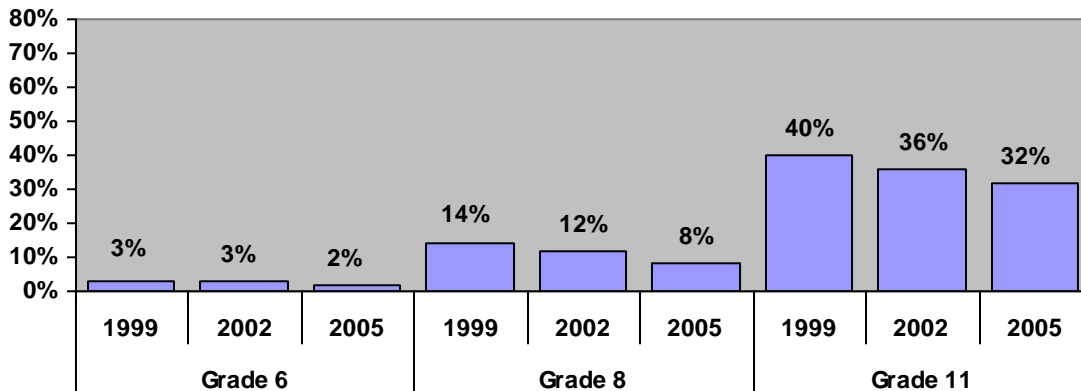
**Figure 40 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

While there have been decreases (8%) since the 1999 IYS, the data indicate that in 2005 almost half (41 percent) of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that nearly 14% of 8<sup>th</sup> grade students reported current use (consumed one or more drink in the past 30 days). The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to steadily decline. See Figure 40.

**Figure 41 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999, 2002 and 2005**

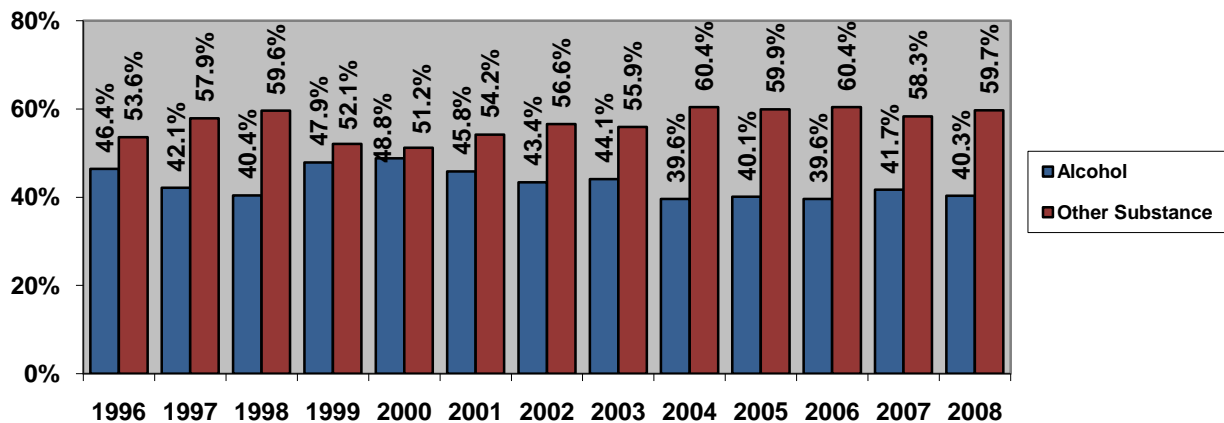


Source: Iowa Department of Public Health

Binge drinking by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, one in three 11<sup>th</sup> graders reported binge drinking in the past month in the 2005 survey. Iowa also reports a 10.7% higher binge drinking rate among youth than the national rate. According to the 2006 NSDUH data, 11.4% of 12-17 year old Iowans versus 10.3% of 12-17 year olds in the nation had at least one episode of binge drinking in the past 30 days. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 41.

Department of Public Health Substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 42.

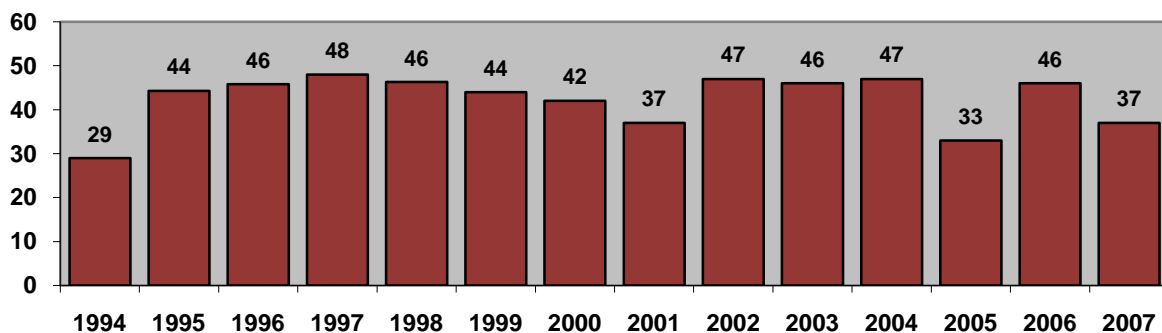
**Figure 42 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2008**



Source: Iowa Department of Public Health

For the thirteen-year reporting period, juvenile OWI arrest rates have ranged from 33 to 48 per 100,000 population. Reports for the past four years have varied a great deal. See Figure 43.

**Figure 43 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2007**



Source: Iowa Department of Public Safety

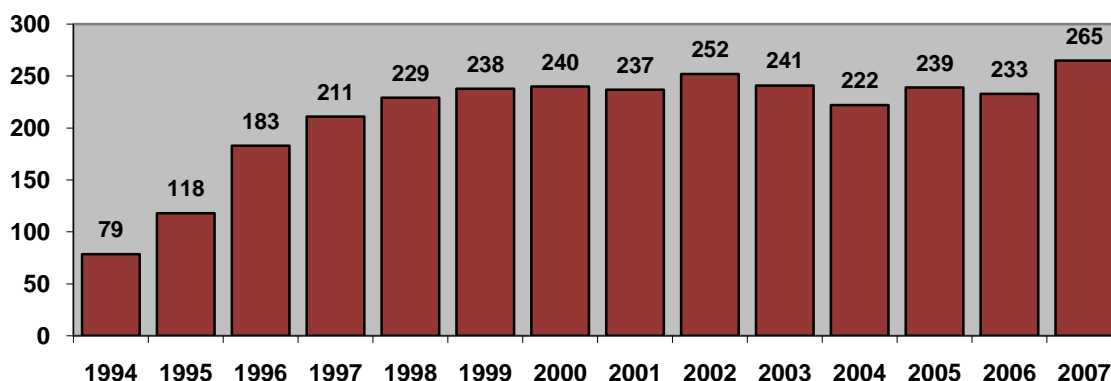
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

## General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over-the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 44.

**Figure 44 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2007**

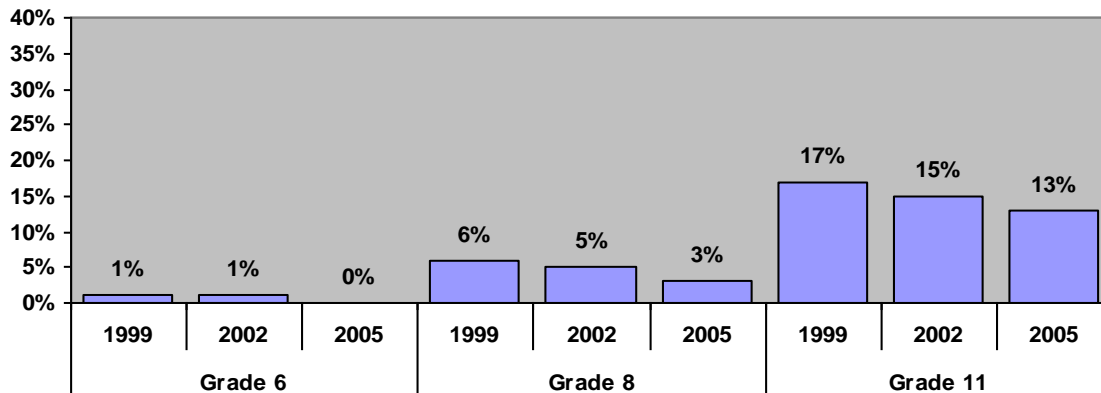


Source: Iowa Department of Public Safety

## Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, 17% of 11<sup>th</sup> graders surveyed in 1999 reported current use of marijuana. In 2005, 13% of 11<sup>th</sup> graders reported current use of marijuana, a 4% decrease from 1999.

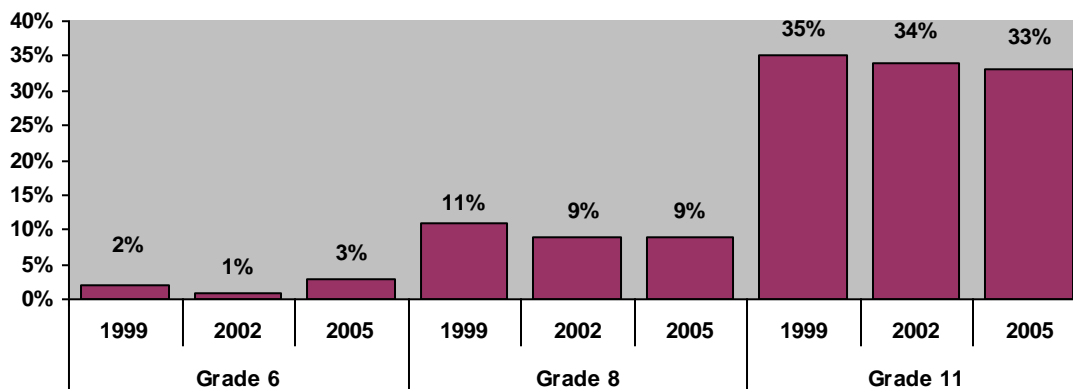
**Figure 45 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Additionally, of the high school juniors surveyed 35% in 1999 and 34% in 2002 reported having used marijuana at some point in their lifetime (Figure 46). This dropped to 33% in 2005. On a note of concern; 3% of sixth grade students reported past use of marijuana in 2005, an increase from 1% in 2002. This is the only area where an increase in use was reported. See Figure 46.

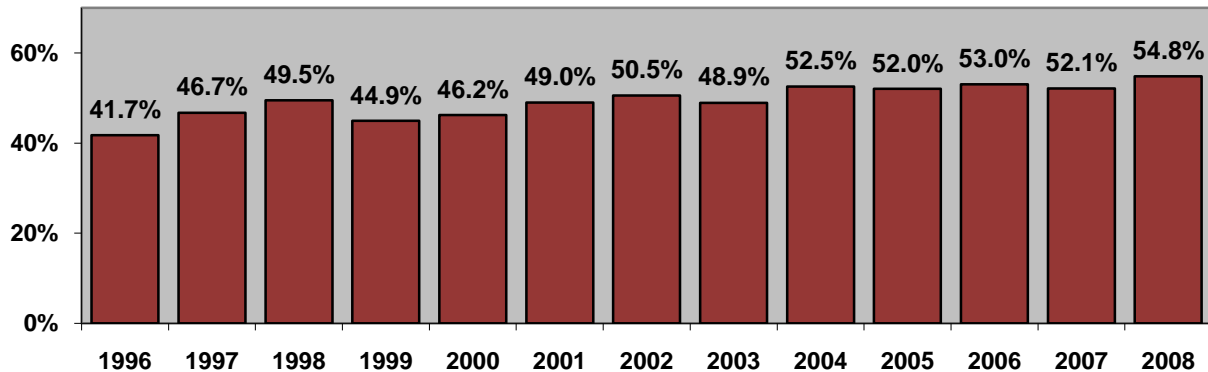
**Figure 46 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Substance abuse reporting system data as shown in Figure 47 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2008, the greatest percentage of youth ever were screened/admitted for marijuana.

**Figure 47 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2008**

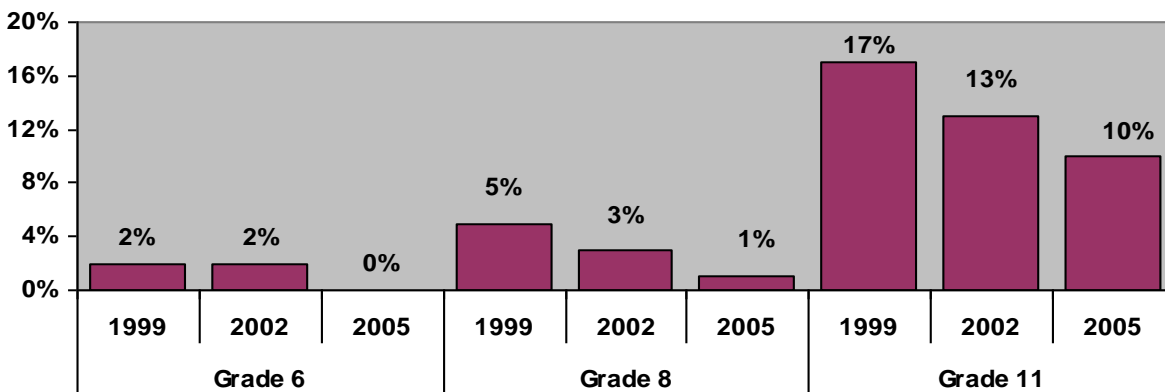


Source: Iowa Department of Public Health

### **Amphetamine/Methamphetamine**

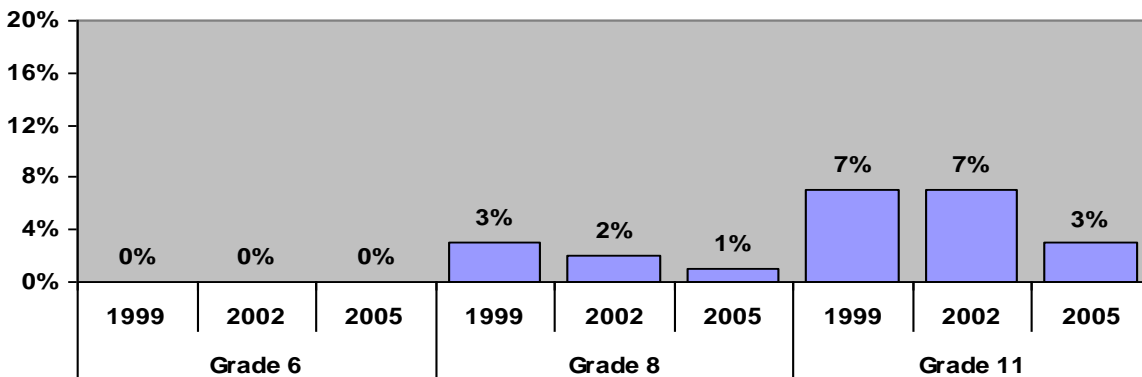
According to the 2005 Iowa Youth Survey amphetamine and methamphetamine use declined significantly. The percentage of all students reporting having “ever” used amphetamine/methamphetamine dropped from 8% in 1999 to 3% in 2005. During this same time period, the percent of eleventh grade students reporting “ever” using these drugs dropped from 17% to 10% - an indication that fewer students are using these drugs for the first time. See Figures 48 and 49.

**Figure 48 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

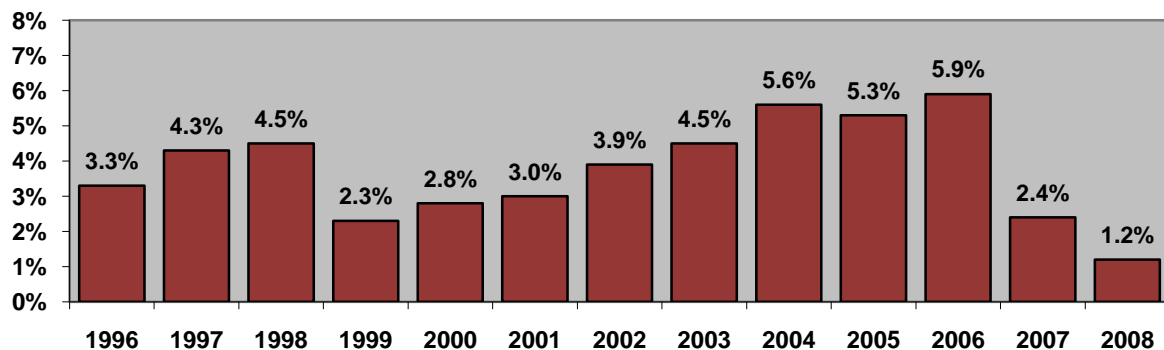
**Figure 49 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Following several years of increasing youth screening/admissions for amphetamine/methamphetamine, the Department of Public Health reported a significant reduction in SFY 2007 & SFY 2008, representing just 1.2% of youth screens/admissions. This is the lowest percentage since Iowa's meth epidemic began. See Figure 50.

**Figure 50 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2008**



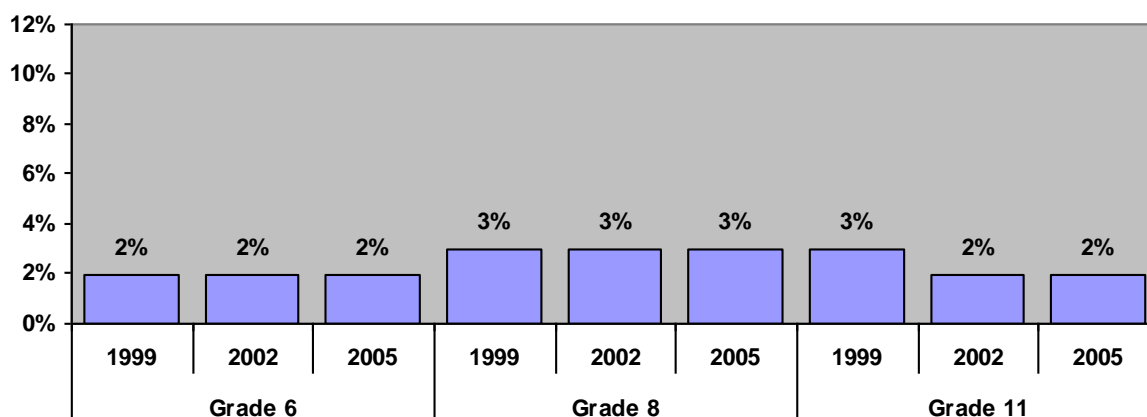
Source: Iowa Department of Public Health

## Inhalants

Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2005, there was no reported current use of marijuana, amphetamine/methamphetamine, cocaine, or other illegal drug use by students in grade 6, but 2% did report current use of inhalants. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey

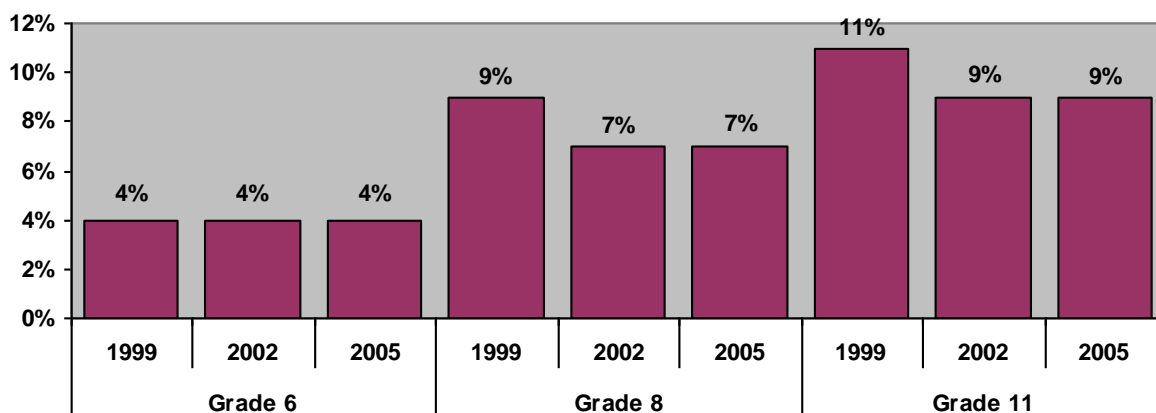
conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 51 and 52.

**Figure 51 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

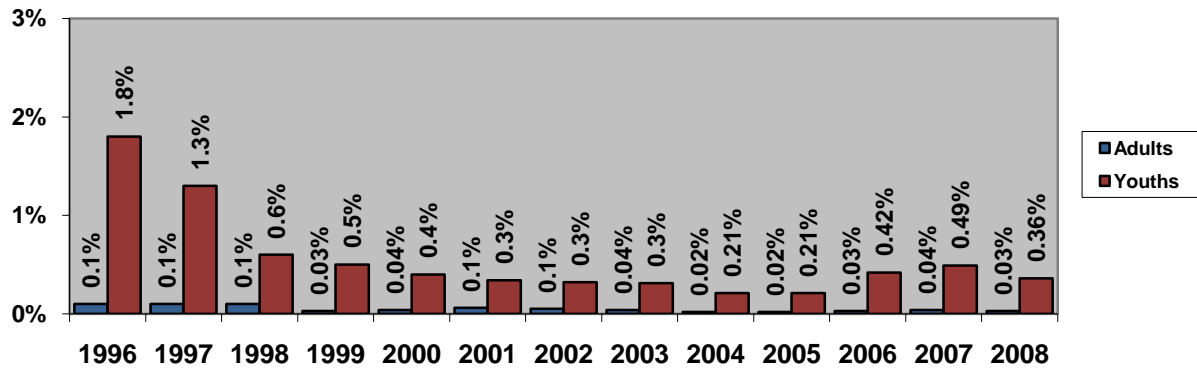
**Figure 52 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Examination of the substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing less than one half of one percent of youth screened/admitted to substance abuse treatment.

**Figure 53 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2008**

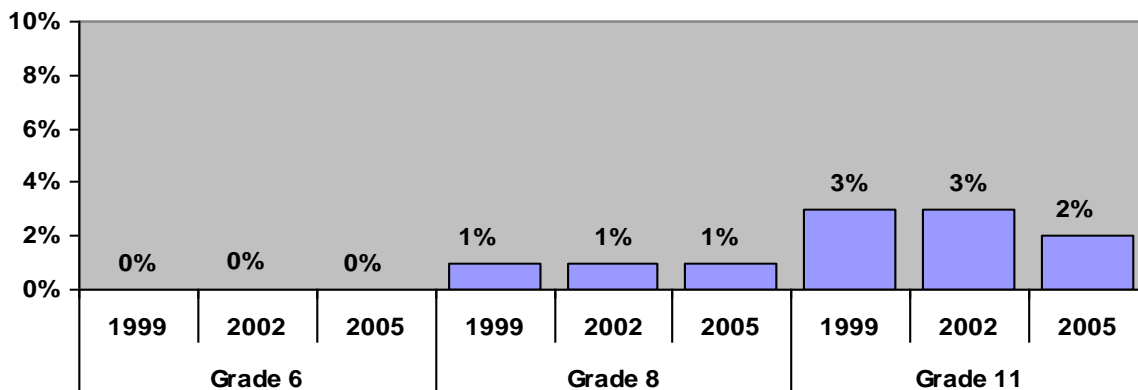


Source: Iowa Department of Public Health

### Cocaine/Crack Cocaine

There is little reported use of cocaine/crack cocaine by Iowa youth. The 1999 Iowa Youth Survey shows that two percent of all youth surveyed report the current use of cocaine/crack cocaine, in 2002 that number dropped to 1% and remained at that level in the 2005 survey. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2005. See Figures 54 and 55.

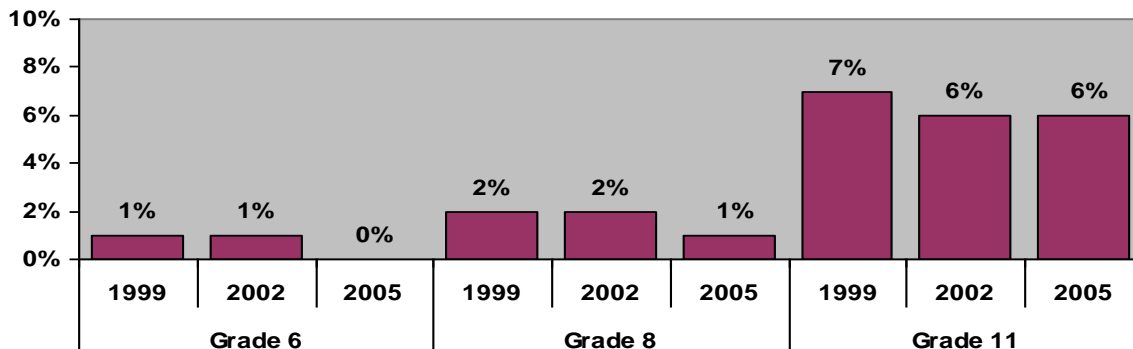
**Figure 54 - Percent of Student Self-Reporting the Current Use of Cocaine/Crack Cocaine 1999, 2002 and 2005**



Source: Iowa Department of Public Health



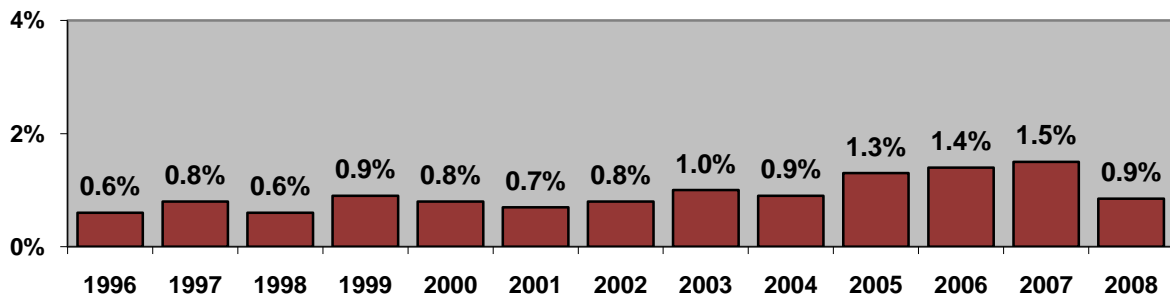
**Figure 55 – Percent of Students Self-Reporting Ever Having Used Cocaine/Crack Cocaine, 1999, 2002 and 2005**



Source: Iowa Department of Public Health

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 56.

**Figure 56 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2008**



Source: Iowa Department of Public Health

These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

## Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual

averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%.

According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2007 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about "appropriate" use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

In an effort to assess the issue of prescription and OTC drug abuse among Iowa youth, two new questions regarding the current (past 30 days) use of these drugs for non-medical purposes were added to the 2005 Iowa Youth Survey (IYS). The two new questions are "In the past 30 days, on how many days have you used prescription medications not prescribed for you," and "In the past 30 days, on how many days have you used over-the-counter medications different from the directions."

According to the 2005 IYS, a total of 4% of the respondents indicated that they had abused a prescription or OTC drug in the past 30 days. This is slightly higher than the average for inhalant, cocaine and methamphetamine/amphetamine use among students who participated in the survey.

In Iowa, public calls to the Statewide Poison Control Center to identify unknown pain pills have increased **729%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. Similarly, treatment centers report a dramatic increase in prescription drug abuse clients.

### **Other Drugs/Substances**

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

